In the preferred embodiment of intubation system **10**, the handle/eye piece **26** of the endoscopic stylet **12** is situated at the proximal end **28** of the insertion cord **16** which closely corresponds to the proximal end **32** of the endotracheal tube **14**. This is in stark contrast to the relative placement of the handle/eye piece of conventional fiberscopes in which, because of a great excess in cord length for the fiberscope, the handle/eye piece is greatly separated from the position of the proximal end of the endotracheal tube during an intubation. In addition, the handle/eye piece **26** of the present system **10** is incorporated into a much more compact unit than comparable structures in conventional fiberscopes—this due to the relative simplicity of endoscopic stylet **12** of the intubation system **10** as will be explained hereafter.

The compact structure of the endoscopic stylet **12** (the combined product of the corresponding lengths of the endotracheal tube **14** and insertion cord **16**, and of a more compact, simple handle structure) greatly facilitates handling and fine control of the system **10** during intubation. Existing units have a great excess of fiberscope insertion cord length and can be unwieldy by most accounts and require two handed operation. The endoscopic stylet **12** of the present invention may be confidently manipulated with a single hand (the right), and the terminal segment **24** can be controlled using thumb controls **34**.

Referring to FIGS. **2** and **3**, cross sectional views of the insertion cord **16** of the endoscopic stylet **12** at the two indicated sites shows a relatively simple structure. Extending through the length of the insertion cord **16** from the handle/eye piece **26** to a point near (but not to) the proximal end of the terminal segment **24** is an elongate rigidity member **36**. Rigidity member **36** is, in the preferred embodiment, a yieldable, shape-retaining metallic rod which endows the insertion cord **16**, and, therefore, the loaded endotracheal tube **14**, with the capacity for retaining curvature formed by its user prior to insertion during an intubation in order to conform to the contour of the path which it must traverse during an intubation. The rigidity member **36** extends, in the preferred embodiment, from approximately the proximal end of the insertion cord **16** to a point proximal to the distal insertion cord tip **18**, not inclusive of the remotely deflectable terminal segment **24**. The result is an insertion cord **16** and endotracheal tube **14**, the majority of the length of which (the "semi-rigid segment") holds a desired shape for diverting anatomical features, such as the tongue, which could otherwise impede the intubation procedure.

Also visible from the cross sectional views of FIGS. **2** and **3** are the light guide cables **38**, fiberoptic bundle **40**, and control wires **42** and **44**. Light guide cables **38** are a conventional feature for fiberscopes, and in this case carries light from a light source (not depicted in the drawings) in or near handle/eye piece **26** to the distal tip **46** of the endoscopic stylet **12** for providing light in the area to which the insertion cord **16** is extended during an intubation procedure. Control wires **42** and **44** are connected between thumb controls **34** in the handle/eye piece **26** and the deflection mechanisms in the terminal segment **24** of the insertion cord **16** generally according to conventional design for such mechanisms. The fiberoptic bundle **40** is the group of fiberoptic fibers which carry images from the distal tip **46** of the insertion cord **16** to the optics of handle/eye piece **26**.

Although the invention has been described with reference to specific embodiments, this description is not meant to be construed in a limited sense. Various modifications of the disclosed embodiments, as well as alternative embodiments of the inventions will become apparent to persons skilled in the art upon the reference to the description of the invention. It is, therefore, contemplated that the appended claims will cover such modifications that fall within the scope of the invention.

I claim:

1. An intubation system comprising:

a fiberscope having a handle/eye piece member attached to an elongate insertion cord, said insertion cord having a proximal insertion cord end which is attached to said handle/eye piece member, and a distal insertion cord end, an elongate rigidity member being encased within said insertion cord and extending within said insertion cord substantially from said proximal insertion cord end through a semi-rigid segment of said insertion cord, said rigidity member being fashioned from a shape memory material;

an endotracheal tube having a length which is approximately equal to the length of said insertion cord of said fiberscope between the juncture of said handle/eye piece member and said insertion cord and said distal insertion cord end, said endotracheal tube having an interior diameter sufficient for telescopic reception of said insertion cord therethrough.

2. The intubation system of claim **1** wherein said fiberscope further includes remote deflection means for deflecting a distal segment of said insertion cord through actuation of control means associated with said handle/eye piece member attached to said deflection means by control wires extending through said insertion cord from said handle/eye piece member.

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